

WISCONSIN MEDICAID
AUTOMATED VOICE RESPONSE SYSTEM INFORMATION OPTIONAL WORKSHEET

INSTRUCTIONS: Call (800) 947-3544 or (608) 221-4247. **Main Menu:** Press (1) for recipient eligibility and verification information, (2) for provider checkwrite information, (3) for claim status inquiry, and (4) for prior authorization status inquiry.

SECTION I — RECIPIENT ELIGIBILITY VERIFICATION INFORMATION (Certain categories may not apply to all recipients.)		
1. Wisconsin Medicaid Provider Number*		
2. Recipient Medicaid Identification Number*		
3. FROM Date of Service (DOS) (“#” for today’s date or MMDDCCYY)*		
4. TO DOS (“#” for today’s date or MMDDCCYY)*		
5. Transaction Verification Number	V	
6. Date of Birth — Recipient		
7. Eligibility Dates	From To	
8. County Code		
9. Special Eligibility Responses		
<input type="checkbox"/> BadgerCare. <input type="checkbox"/> SeniorCare. <input type="checkbox"/> Tuberculosis-Related Services-Only Benefit. <input type="checkbox"/> Presumptive Eligibility for Pregnant Women. <input type="checkbox"/> Emergency Services. <input type="checkbox"/> Health Professional Shortage Area. <input type="checkbox"/> State-Contracted Managed Care Organization. Coverage Indicator Name of Program Telephone Number Coverage — <input type="checkbox"/> Chiropractic <input type="checkbox"/> Dental	<input type="checkbox"/> Medicare coverage. <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Medicare Advantage Medicare Number Coverage Indicator Policyholder’s Social Security Number (SSN) Relationship to Insured <input type="checkbox"/> Recipient Lock-In Program. From (DOS) To (DOS) Services <input type="checkbox"/> Qualified Medicare Beneficiary-Only (limited coverage).	
10. Commercial Health Insurance Coverage		
From (Date) To (Date) <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Pharmacy Name — Carrier Address Telephone No. Coverage Indicator Policyholder’s SSN Relationship to Insured Policy Number Group Number	From (Date) To (Date) <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Pharmacy Name — Carrier Address Telephone No. Coverage Indicator Policyholder’s SSN Relationship to Insured Policy Number Group Number	From (Date) To (Date) <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Pharmacy Name — Carrier Address Telephone No. Coverage Indicator Policyholder’s SSN Relationship to Insured Policy Number Group Number

*Information necessary before calling the Automated Voice Response (AVR) system.

Continued

To repeat eligibility information, press “8.” To return to AVR Main Menu, press “9.”
To make another eligibility inquiry, press “1.” To receive assistance from a correspondent, press “0.”

SECTION II — PROVIDER CHECKWRITE INFORMATION

11. Wisconsin Medicaid Provider Number*	12. Check Amount	13. Date of Check
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To repeat checkwrite information, press "8." To return to AVR Main Menu, press "9."
To make another checkwrite inquiry, press "2." To receive assistance from a correspondent, press "0."

SECTION III — CLAIM STATUS INFORMATION

14. Billing Provider's Medicaid Provider Number*	15. Recipient Medicaid Identification Number*
16. Oldest DOS on Claim (MMDDCCYY)*	17. Total Billed (\$125.00 = 12500)*

18. Indicate one of the following. \$

☐ If PAID, enter claim date and claim paid amount

☐ If DENIED, enter claim denied date and Remittance and
Status Report date

☐ IN PROCESS

To repeat claim status information, press "8." To return to AVR Main Menu, press "9."
To make another claim status inquiry, press "3." To receive assistance from a correspondent, press "0."

SECTION IV — PRIOR AUTHORIZATION REQUEST INFORMATION

19. Wisconsin Medicaid Provider Number*	20. Prior Authorization Request Form (PA/RF) Number*
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21. Name — Recipient*

22. Indicate one of the following.

☐ APPROVED (grant date) —

or

☐ Amendment processed on (date) —

Letter mailed on (date) —

☐ APPROVED WITH MODIFICATIONS (grant date) —

Returned on (date) —

or

Amendment processed on (date) —

☐ DENIED

Returned on (date) —

or

Amendment processed on (date) —

☐ RETURNED (date) —

☐ PENDING

☐ AMENDED

*Information necessary before calling the AVR system.

To repeat prior authorization information, press "8." To return to AVR Main Menu, press "9."
To make another prior authorization inquiry, press "4." To receive assistance from a correspondent, press "0."